



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

OKD053367280

02/02/96

INSTALLATION ADDRESS

PROGRESSIVE STAMPING INC
4017 WILL ROGERS PARKWAY
OKLAHOMA CITY, OK 73108
PAUL MCKEITHAN DIR OF ENV

5941-6003 NW 5TH
OKLAHOMA CITY, OK 73127

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for filling this form before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
JWH 7/18/96
4

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification

☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

OKDD053367280

II. Name of Installation (Include company and specific site name)

PROGRESSIVE STAMPING INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

5941-6003 NW 5

Street (Continued)

City or Town

OKLAHOMA CITY

State

Zip Code

OK 73127-

County Code

County Name

OKLAHOMA

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

4017 WILL ROGERS PARKWAY

City or Town

OKLAHOMA CITY

State

Zip Code

OK 73108-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

MCKEITHAN

(First)

PAUL

Job Title

DIR OF ENVIRON

Phone Number (Area Code and Number)

405-943-9651

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

☐ ☒ ☐

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

TED DAVIS

Street, P.O. Box, or Route Number

4017 WILL ROGERS PARKWAY

City or Town

OKLAHOMA CITY

State

Zip Code

OK 73108-

Phone Number (Area Code and Number)

405-943-9651

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

1/23/96

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☐ a. Greater than 1000 kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace
☐ 1. Smelter/Referral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Process
☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
D007

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Paul McKeithan

Name and Official Title (Type or print)

PAUL MCKEITHAN, Dir. of Env.

Date Signed

12/8/95

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

United States Environmental Protection Agency
Washington, DC 20460

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Hazardous Waste Activity

For Official Use Only

Comments

C
C

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

Waste Management

109/oklahoma

RECEIVED
DEC 8 1986

I. Name of Installation

II. Installation Mailing Address

Street or P.O. Box

C
3C
4

III. Location of Installation

Street or Route Number

C
5

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

☒ 1a. Generator☒ 1b. Less than 1,000 kg/mo.☐ 2. Transporter☐ 3. Treater/Storer/Disposer☐ 4. Underground Injection☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)☐ a. Generator Marketing to Burner☐ b. Other Marketer☐ c. Burner☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)☐ a. Generator Marketing to Burner☐ b. Other Marketer☐ c. Burner☐ 7. Specification Used Oil Fuel Marketer (or On-site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air☐ B. Rail☐ C. Highway☐ D. Water☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

C. Installation's EPA ID Number

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

Continue on reverse

ID — For Official Use Only

C																		T/A	C
W																			1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1 F000	2 F004	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)
XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

 Roy Bishop
Shop Supervisor

Date Signed

12-1-86



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

OKD053367280
PROGRESSIVE TOOL & MFG CO.
ROY BISHOP SHOP SUP.
5941 NW 5TH
OKLAHOMA CITY

73127

INSTALLATION ADDRESS

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

JUN 24 1991

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

OKD033007832

II. Name of Installation (Include company and specific site name)

American Cleaners & Launderers

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6003 N Mac Ave

Street (continued)

City or Town

OKLA CITY OKLA

State

ZIP Code

OK 73112-

County Code

County Name

OKLAHOMA

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

Same

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

Stamatios

(first)

Chris

Title

President

Phone Number (area code and number)

405-842-8225

VI. Installation Contact Address (See instructions)

A. Mailing Address

B. Street or P.O. Box

☒

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CHRIS STAMATIOS

B. P.O. Box or Route Number

Same

City or Town

State

ZIP Code

Phone Number (area code and number)

-

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month Day Year

-

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil/Fuel Activities	
<input type="checkbox"/> 1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> Burner - Indicate device(s) Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - Indicate device(s) Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input checked="" type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____			

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

Ignitable (D001)	Corrosive (D002)	Reactive (D003)	EP Toxic (D000)	Other EPA hazardous waste number(s) for the EP Toxic contaminant(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Chris Stamatis</i>	Name and Official Title (type or print) Chris Stamatis Resident	Date Signed 20 June 91
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XI. Comments

Full Owner of Property - James Battle
 122 2070 Box 22100 5959 NW Expressway
 Phone 770-251-1111 Over City Desk 73123

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

OKD 03 300 7832

American Cleaners & Laundry Inc.

6003 N. May Ave.

Oklahoma City, Ok. 73112

INSTALLATION ADDRESS

6003 N. May Ave.

Oklahoma City, Ok. 73112

10/31/85

202

Please print or type with ELITE type (characters/inch) in the unshaded areas only.

Form Approved OMB No. 2000-0098
GSA No. 0246-EPA-OT Expiration Date 12/31/86

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY **NOTIFICATION OF HAZARDOUS WASTE ACTIVITY**

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER: **FOKDD033007832**
APPROVED: **OKLAHOMA**
DATE RECEIVED (yr., mo., & day): **1/09**

I. NAME OF INSTALLATION

AMERICAN CLEANERS AND LAUNDRY INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

6003 N MAY AVE

CITY OR TOWN

OKLAHOMA CITY OKLA

ST.

ZIP CODE

OK 73112

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

6003 N MAY AVE

CITY OR TOWN

OKLAHOMA CITY

ST.

ZIP CODE

OK 73112

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

CHRIS STAMATIS CHRIS OWNER

PHONE NO. (area code & no.)

405 842 8245

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

STAMATIS CHRIS

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F002	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Chris P Stamatis

Chris P Stamatis Owner

10-22-85